## **EXHIBIT B**

UCC FINANCING S FOLLOW INSTRUCTIONS	STATEMENT AMENDME	NT	Lien Solu	ıtione			
A. NAME & PHONE OF CON			Represent		ing		
Phone: 800-331-3282  B. E-MAIL CONTACT AT FILI					_	ompleted	
				File Num File Date		764570 May-2005	
C. SEND ACKNOWLEDGME	NT TO: (Name and Address) 22201	- DELL FINANC	IAL				
P.O. Box 29071 Glendale, CA 912		L					
$\mathbf{I}_{1}$			1				
	ile with: Secretary of State, IL	_				OR FILING OFFICE	
1a. INITIAL FINANCING STATE 4231060 6/23/2000 S			(or recorded) i	in the REAL	<b>ESTATE</b>	ENDMENT is to be filed RECORDS rm UCC3Ad) and provide D	-
TERMINATION: Effectiver     Statement	ness of the Financing Statement identified	above is terminate	d with respect to the security	y interest(s)	of Secure	ed Party authorizing this	s Termination
	ial): Provide name of Assignee in item 7a mplete items 7 and 9 <u>and</u> also indicate af			name of Ass	signor in	item 9	
	eness of the Financing Statement identifie al period provided by applicable law	d above with respe	ct to the security interest(s)	of Secured F	Party autl	horizing this Continuation	on Statement is
5. PARTY INFORMATION C		eck <u>one</u> of these thre	ee boxes to:				
Check one of these two boxes:  This Change affects Debto		_ CHANGE name ar	d/or address: Complete item 7a or 7b and item 7c	ADD name			me: Give record name d in item 6a or 6b
	MATION: Complete for Party Information C	hange - provide on	y <u>one</u> name (6a or 6b)				
6a. ORGANIZATION'S NAME							
OR 6b. INDIVIDUAL'S SURNAME		FIRST PER	RSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFO 7a. ORGANIZATION'S NAME	RMATION: Complete for Assignment or Party Inform	mation Change - provide	e only one name (7a or 7b) (use ex	act, full name; d	o not omit,	modify, or abbreviate any part	of the Debtor's name)
OR 7b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERS	ONAL NAME						
INDIVIDUAL'S ADDITIONAL	NAME(S)/INITIAL(S)						SUFFIX
	(-)						
7c. MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE	Also check one of these four boxes:	ADD collateral	DELETE collateral	I RE	STATE	covered collateral	ASSIGN collatera
Indicate collateral:							
	RTY OF RECORD AUTHORIZING THE zed by a DEBTOR, check here and p	IIS AMENDMENT provide name of aut		9a or 9b) (na	me of Ass	signor, if this is an Assig	nment)
OD							
9b. INDIVIDUAL'S SURNAME		FIRST PER	RSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	NCE DATA: Debtor Name: SEARS I	ROEBUCK & C	OMPANY			0505000	<u> </u>
36074717	40					6505200	

a. INITIAL FINANCING STATEMENT FILE NUMBER  1bThis FINANC 231060 6/23/2000 SS II  (or recorded)	This filing is Completed File Number: 09359027 File Date: 29-May-2015  BOVE SPACE IS FOR FILING OFFICE US CING STATEMENT AMENDMENT is to be filed [for in the REAL ESTATE RECORDS mendment Addendum (Form UCC3Ad) and provide Debta	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  22201 - DELL FINANCIAL  CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  Glendale, CA 91209-9071  LLL  File with: Secretary of State, IL  THE AE  3. INITIAL FINANCING STATEMENT FILE NUMBER 231060 6/23/2000 SS IL  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the securi	File Date : 29-May-2015  BOVE SPACE IS FOR FILING OFFICE US  CING STATEMENT AMENDMENT is to be filed [for in the REAL ESTATE RECORDS	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071  File with: Secretary of State, IL  THE AE  INITIAL FINANCING STATEMENT FILE NUMBER 231060 6/23/2000 SS IL  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security.	CING STATEMENT AMENDMENT is to be filed [fo	
P.O. Box 29071 Glendale, CA 91209-9071	CING STATEMENT AMENDMENT is to be filed [fo	
Glendale, CA 91209-9071	CING STATEMENT AMENDMENT is to be filed [fo	
INITIAL FINANCING STATEMENT FILE NUMBER  31060 6/23/2000 SS IL  1b. This FINANC (or recorded) File: attach Ar	CING STATEMENT AMENDMENT is to be filed [fo	
INITIAL FINANCING STATEMENT FILE NUMBER  31060 6/23/2000 SS IL  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the securi	CING STATEMENT AMENDMENT is to be filed [fo	
31060 6/23/2000 SS IL (or recorded)  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the securi	) in the REAL ESTATE RECORDS	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the securi	mendment Addendum (Form UCC3Ad) and provide Debto	n record]
	itu interest(s) of Cooured Dady authorizing this To	
	ity interest(s) or Secured Party authorizing this re	mination
ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, <u>and</u> address of Assignee in item 7c <u>and</u> For partial assignment, complete items 7 and 9 <u>and</u> also indicate affected collateral in item 8	d name of Assignor in item 9	
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s)	i) of Secured Party authorizing this Continuation S	Statement is
continued for the additional period provided by applicable law		
This Change affects Debtor or Secured Party of record CHANGE name and/or address: Complete item 6a or 6b; and item 7a or 7b and item 7c	ADD name: Complete item DELETE name: 7a or 7b, and item 7c to be deleted in	Give record nan item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b)		
6a. ORGANIZATION'S NAME		
6b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only <u>one</u> name (7a or 7b) (use et a. 7a. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or abbreviate any part of th	e Debtor's name)
7b. INDIVIDUAL'S SURNAME		
INDIVIDUAL'S FIRST PERSONAL NAME		
INDIVIDUAL STIRST PERSONAL NAME		
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	LOTATE LEGGTAL GODE	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)  MAILING ADDRESS  CITY	STATE POSTAL CODE	SUFFIX

6505200

10. OPTIONAL FILER REFERENCE DATA: Debtor Name: SEARS ROEBUCK & COMPANY

48223404

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NAME & PHONE OF CONTACT AT FILER [optional]  Phone: (800) 331-3282 Fax: (818) 662-4141  SEND ACKNOWLEDGMENT TO: (Name and Address)  CT Lien Solutions P.O. Box 29071 Glendale CA, 91209-9071  ILIL	205	File	of filing s filing is C Number : 0 Date : 18-	9078848	
22201 - File with: Secretary of State, IL INITIAL FINANCING STATEMENT FILE #		THE ABOVE S		OR FILING OFFICE FINANCING STATEMENT / filed [for record] (or record) L ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated  CONTINUATION: Effectiveness of the Financing Statement identified above with respect continued for the additional period provided by applicable law.  ASSIGNMENT ( full or partial ): Give name of assignee in item 7a or 7b and addr.  MENDMENT (PARTY INFORMATION): This Amendment affects	ess in item 7c; and also g	the Secured Party authorizing	authorizing this this Continuation	Termination Statement. n Statement is	
Ilso check one of the following three boxes and provide appropriate information in items 6 and CHANGE name and/or address: Please refer to the detailed instructions under the charging the name/address of a party.  URRENT RECORD INFORMATION  [6a. ORGANIZATION'S NAME		ive record name	ADD also	name: Complete item 7a α complete items 7e-7g (if ap	r 7b and also item 7c; plicable).
BELL FINANCIAL SERVICES, L.P.  6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
Ta. ORGANIZATION'S NAME DELL FINANCIAL SERVICES L.L.C.					
75. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME	NO CHI	STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS  ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION O		TX 7g. ORG	78682 ANIZATIONAL ID#, if any	USA
escribe collateral deleted or added, or give entire restated collateral	description, or describe of	collateral assigne	d.		

9. NAME of SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if the is a termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME

DELL FINANCIAL SERVICES, L.P.

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

10.OPTIONAL FILER REFERENCE DATA

Debtor Name: SEARS ROEBUCK & COMPANY

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6505200

Prepared by CT Lien Solutions [3.23.0]

P.O. Box 29071 Glendale CA, 91209-9071	3035029 IL	Fi		042080	
22201 - File with: Secretary of State, IL		THE ABOV		R FILING OFFIC	
INITIAL FINANCING STATEMENT FILE # 31060 6/23/2000 SS IL			1b. This FI to be REAL	NANCING STATEMEN iled [for record](or reco ESTATE RECORDS.	T AMENDMENT is inded) in the
TERMINATION: Effectiveness of the Financing Statement identified above is					
CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	with respect to security interest(s) of th	e Secured Party authoria	ing this Continuation	Statement is	
ASSIGNMENT ( full or partial ): Give name of assignee in item 7a or 7	b and address in item 7c; and also give	e name of assignor in ite	m 9.		
MENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate information in		irty of record.	Check only one of the	se two boxes.	
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Giv. to be deleted in item	e record name n 6a or 6b.	ADD r	ame: Complete item 7a omplete items 7e-7g (if	a or 7b and also item 7c; applicable).
SURRENT RECORD INFORMATION  6a. ORGANIZATION'S NAME	<del></del>				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION					
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS ADD'L INFO RE OF ORGANIZATION ORGANIZATION	TION 7f. JURISDICTION OF	ORGANIZATION	7g. ORGA	NIZATIONAL ID#, if an	y
DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.					NOI
Describe collateral deleted or added, or give entire restate	d collateral description, or describe col	lateral assi	gned.		
IAME of SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (nation adds collateral or adds the authorizing Debtor, or if the is a termination authorized		_	ent authorized by a D		
	d by a Debtor, check here	_			
adds collateral or adds the authorizing Debtor, or if the is a termination authorized	d by a Debtor, check here	_		nis Amendment.	SUFFIX

FILING OFFICE COPY - UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

Prepared by CT Lien Solutions [3.23.0]

DLLOW INSTRUCTIONS  NAME & PHONE OF CONTACT AT FILER (optional) Phone: 800-331-3282 Fax: 818-662-4141	Lien Solut Represent	ation of filing	ompleted		
3. E-MAIL CONTACT AT FILER (optional)		This filing is Completed File Number : 4231060 File Date : 23-Jun-2000			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 22.	201 - DELL FINANCIAL	Tile Date . 25-	Juli-2000		
UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071					
File with: Secretary of State, IL  DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us			OR FILING OFFICE US		
name will not fit in line 1b, leave all of item 1 blank, check here   1a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item 10	of the Financing Sta	tement Addendum (Form L	JCC1Ad)	
SEARS ROEBUCK & COMPANY  1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX	
ID. INDIVIDUAL'S SURNAIVIE	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX	
. MAILING ADDRESS	CITY	STATE ZZ	POSTAL CODE 99999	COUNTRY	
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in item 10	of the Financing Sta			
20. INDIVIDUAL 3 SURVAIVIE	FIRST FERSURAL IVAIVIE	ADDITIO	NAL NAME(S)/INTTIAL(S)	SUFFIX	
: MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	I GNOR SECURED PARTY): Provide only <u>one</u> Secured	Party name (3a or 3l	) )		
3a. ORGANIZATION'S NAME DELL FINANCIAL SERVICES, L.F	) <sub>.</sub>				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
		ZZ	99999	USA	

5. Check only if applicable and check o	<u>nly</u> one box: Collateral is	rust (see UCC1Ad, item 17 and	d Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check	only one box:			6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transn	mitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if ap	oplicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DA 36074716	TA: 40			6505200	